



# COMMONWEALTH OF VIRGINIA MEDICAID AND SCHOOLS PROGRAM

Cost Reporting  
& Billing Compliance Review

October 2021

# Agenda

Presented by:

- Emily Hall, UMass Medical School
- Zach Mitchell, UMass Medical School

- Direct Services Reimbursement Program: Overview, Process & Timelines
- Cost Report & BCR Overview
- Medicaid Eligibility Percentage
- Billing Compliance Review (BCR) Process
- Random Moment Time Study
- Reporting Allowable Expenses
- Reconciliation & Certification
- Notes & Tips

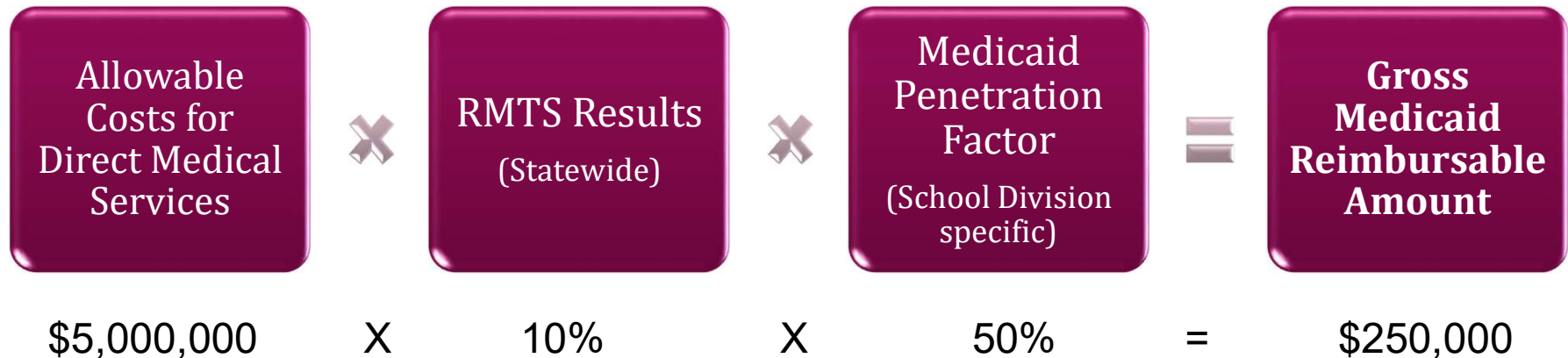
# Cost Report & BCR Overview

The Cost Report is used to report the costs incurred by school divisions to provide Department of Medical Assistance Services (DMAS) covered health-related direct services provided to students pursuant to an IEP

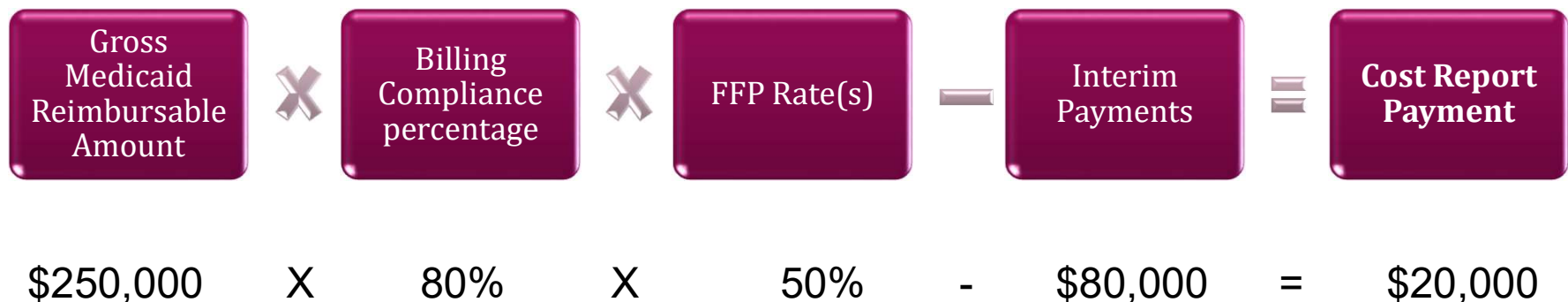
- Covered services to Medicaid, Medicaid Expansion, and Family Access to Medical Insurance Security (FAMIS) students pursuant to an IEP
- Evaluations for students which led to the development of an IEP

# Cost Report & BCR Overview

## Cost-Based Reimbursement Methodology:



## Cost Settlement:



# Interim Billing Rates

Important point about Interim Billing Rates:

- Once cost settlement is completed, school divisions receive the **same total reimbursement for the fiscal year** – regardless of amount paid through interim claims vs. paid out at the end.

Hypothetical example:

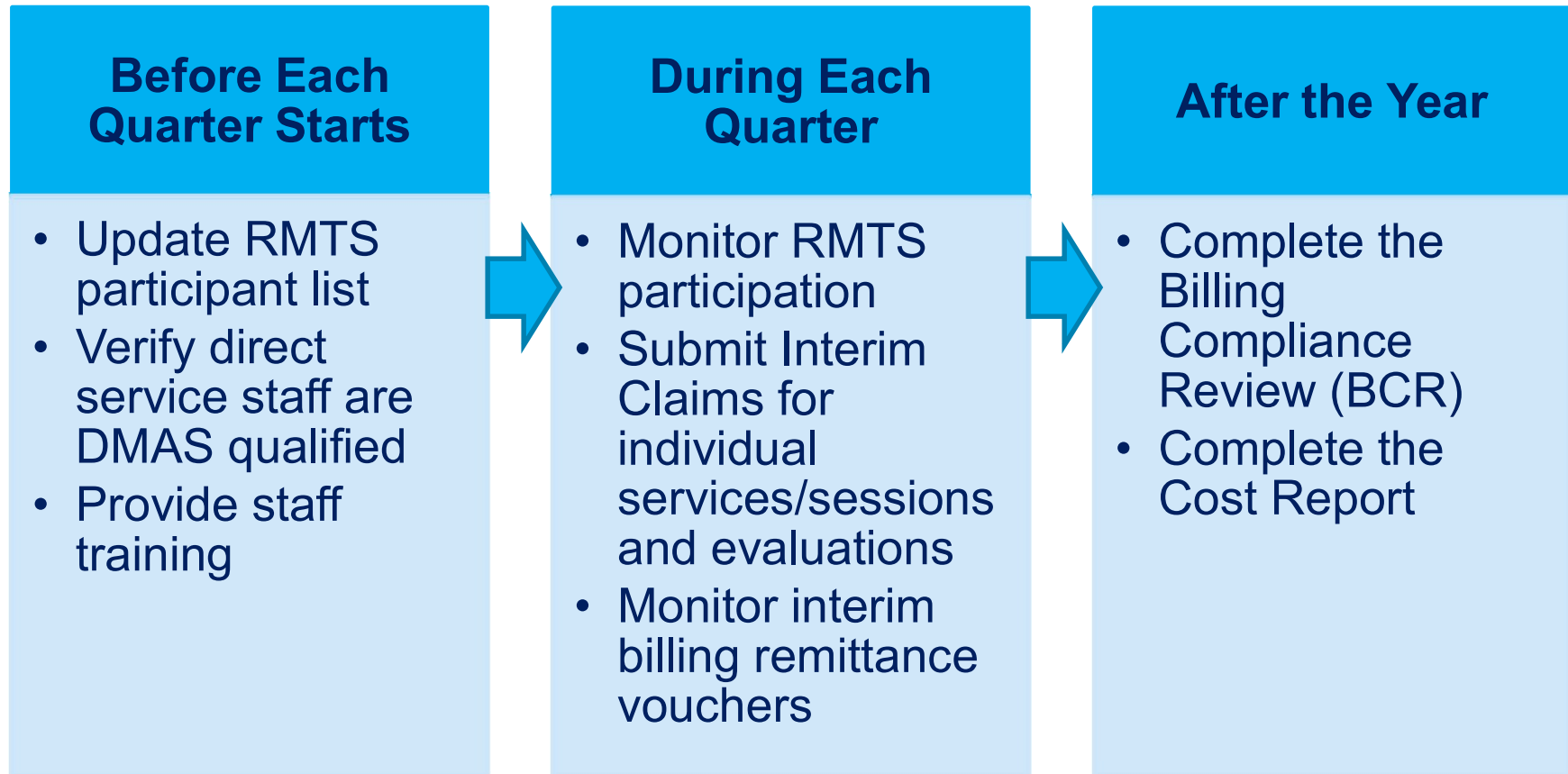
	Bill at Rates Based on Costs	Bill at a Conservative Low Rates	Bill at the Maximum Allowed Rates
Total Reimbursable Amount for Direct Medical Services	\$ 500,000	\$ 500,000	\$ 500,000
Subtract Interim Payments	\$- 400,000	\$- 100,000	\$- 600,000
Settlement	\$ 100,000	\$ 400,000	<b>\$- 100,000</b>

# Interim Billing Rates

DMAS sets a maximum rate, but in cost-based reimbursement, school divisions should bill at a reasonable rate that approximates your anticipated reimbursement.

- Bill at a rate that is appropriate to your division's costs
- Review prior year cost settlements
- Remember that this is a federal matching program, so in general, Medicaid's share will only be 50% of allowable amount
- Weigh the cost/benefit of cash flow from interim payments vs. risk of recoupment at settlement

# Direct Medical Services Program Overview



# Cost Report & BCR Overview

School divisions must designate a 'cost report preparer' who will be given access to the cost report system

1. Complete Cost Report Contact Form & e-mail it to UMass
2. Designee will receive a User ID and password
3. Last year's designee(s) are still in effect unless otherwise notified



# Cost Report & BCR Overview

- **As a Medicaid Coordinator (or other designated cost report preparer) my best friends are the instruction guides!**
- Find what you need on the DMAS website page that's dedicated to Medicaid school-based services:  
<https://www.dmas.virginia.gov/#/medandadminreimbursement>
- For cost reporting and the BCR, the following guides are key:
  - Cost Report Instruction Guide
  - BCR Instruction Guide
  - Medicaid Eligibility Matching User Guide
- Additional resources:
  - Transportation log samples
  - Annual Bus Trips Recap

# Cost Report/BCR High Level Timelines

- **Throughout the fiscal year: (date of service 7/1 – 6/30)**
  - Track & bill Medicaid *direct Medical services* for BCR all year
  - Track & bill Medicaid *Transportation services* for cost report
  - Add/Remove/Edit Employees to participate in the Direct Service Pools of the RMTS on a quarterly basis
  - Track Contractor payments for Cost Report reimbursement
- **Summer/Early Fall**
  - UMMS uploads each schools' December 1st special education child count (received directly from DOE) into UMMS eligibility system
  - BCRs opened (UMMS sends email notification)
- **October 30<sup>th</sup>**
  - Cost Reports opened (UMMS sends email notification)
- **November 30<sup>th</sup>**
  - Deadline to complete & submit Cost Report and BCR

# Cost Report/BCR High Level Timelines

- **December through February**
  - UMMS reviews Cost Reports and BCRs
  - Schools respond to questions & correct any errors (if applicable)
- **March**
  - Last opportunity to submit interim claims to VAMMIS approximately March 15-18 for settlement against cost report
- **April**
  - Final review and settlement calculations completed
  - Certification of Public Expenditure (wet-ink signature on school letterhead) must be received by UMMS before payment can be released (UMMS emails CPE with approval notification)
- **May & June**
  - DMAS issues payments to schools in the order that a correct CPE is received by UMMS
  - Notice of Provider Reimbursement (NPR) letters sent to Superintendents, Business/Finance Managers & Cost Report Preparers

# Billing Compliance Review

- DMAS and CMS program requirements mandate that schools **must submit interim claims** to VAMMIS for **every** individual Medicaid-qualified service that is delivered to a Medicaid-enrolled student.
- The BCR is the method used to calculate how well each school division complied with this requirement.
- The BCR calculates a Billing Compliance Percentage, which indicates the percentage of Medicaid-qualified services for which the school division has a corresponding **paid** claim in VAMMIS.
- The BCR process randomly selects 50 students (or schools can choose to review all students) and calculates the percentage of Medicaid qualified services delivered to those students for which an interim claim was submitted and paid through VAMMIS.

# Billing Compliance Review

## BCR Calculation:

$$\begin{array}{ccccc} \text{Total Number of} & & & & \text{Billing} \\ \text{Paid Interim} & \div & \text{Total Number of} & = & \text{Compliance} \\ \text{Claims (units)} & & \text{Qualified Services} & & \text{Percentage} \\ & & \text{(units) Delivered} & & \\ 1,674 & \text{divided by} & 2,010 & = & 83.28\% \end{array}$$

## Cost Settlement:

$$\begin{array}{ccccccc} \text{Gross} & & \text{Billing} & & \text{FFP Rate(s)} & - & \text{Interim} & = & \text{Cost Report} \\ \text{Medicaid} & \times & \text{Compliance} & \times & & & \text{Payments} & & \text{Payment} \\ \text{Reimbursable} & & \text{percentage} & & & & & & \\ \text{Amount} & & & & & & & & \\ \$250,000 & \times & 83.28\% & \times & 50\% & - & \$80,000 & = & \$24,100 \end{array}$$

# Billing Compliance Review

School Divisions must submit interim claims and receive payment for all services that meet DMAS requirements for which the School Division has included costs in the cost report

A service counts as a “**Medicaid Qualified Delivered Service**” when these conditions are met:

- Medicaid eligible student
- Receives a Medicaid-covered, medically necessary service pursuant to an IEP
- Provided by a Medicaid qualified practitioner who was supervised if required by their license level
- Where the service required the skill level of the qualified practitioner
- *Whether you have parental consent or not!*

# How does the 12/1 Child Count information relate to the BCR population?

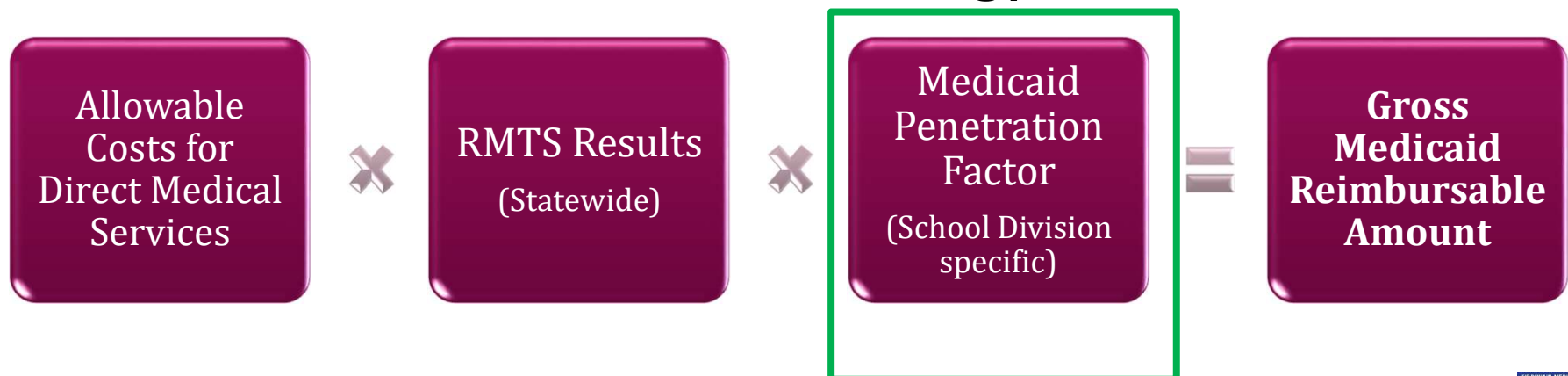
- The BCR “population” of students, from which a random sample of 50 will be selected for a detailed billing compliance review, is a **SUBSET** of the December 1 child count.
- So really, the very first step to completing an accurate BCR is doing a careful and thorough job of completing the Child Count matching process for your eligibility statistics.
- Based on the finalized matching results file from the 12/1 child count, only students listed in one of the matching categories are considered for *possible* inclusion in the BCR population file.

# Medicaid Eligibility Percentage (MEP)

## December 1<sup>st</sup> (12/1) DOE Certified Child Count Match:

- UMMS receives directly from DOE your school division's certified child count information.
- The list of students in your DOE certified December 1 Child Count comprises your school division's "population" of special education students for the purpose of calculating the Medicaid Eligibility Percentage for Cost Report reimbursement.

## Cost-Based Reimbursement Methodology:





# Medicaid Eligibility Percentage (MEP)

## ■ Calculating the MEP

1. UMMS uploads each school division's December 1st child count list of students into UMMS eligibility system
2. Medicaid Coordinators are alerted via email that the file has been uploaded
3. School Division staff login to the Eligibility Matching system and locate the uploaded Child Count file in Quarter 2 of the Cost Report fiscal year. The file will be labeled as "88."
4. School Division staff complete the matching process
  - Review 'possible' matches
  - Override any students who failed to successfully match
  - Finalize the match after all matching steps are complete
5. The statistics (results) of the finalized match are reported in the Cost Report system.

# BCR Population

## Which students should be included in the BCR Population?

- The student must be listed in the finalized matching results from your 12/1 child count in one of these categories:
  - Auto-Matched
  - Manually Matched
  - History Matched
- The student must have received at least one **Medicaid-qualified service** at some point between 7/1 – 6/30
  - Delivered by a Medicaid-qualified practitioner for whom costs will be included in your cost report
  - Provided pursuant to an IEP
  - Guidelines for medical necessity were met
  - **Regardless** of whether a claim was submitted for the service
  - **Regardless** of whether parental consent has been obtained

# BCR Population

## Where to start?

- Service documentation or caseload records kept by the providers is a good place to start!
- Even better: Have you been tracking your services for the purpose of monitoring interim billing and ensuring that all qualified services are billed and paid? Then that “master” list or report of all IEP students who received a qualified service during the year makes a great data source.
- Match those students against students in your 12/1 child count (because the BCR population is only going to include those students who were successfully matched from the child count file).
- This is your BCR population!

# BCR Population

## Is this a correct BCR population file?

1. All students with a paid interim claim
2. All students with a billed interim claim
3. 12/1 child count students with a paid interim claim
4. 12/1 child count students with a billed interim claim
5. A list of students tracking those with parental consent that I have been billing for
6. A report of students from my billing vendor that is based on services entered into the billing system that passed all edits for billing
7. A report of students from my billing vendor that is based on services entered into the billing system
8. A report that lists all students in the 12/1 child count with a Medicaid related service in their IEP as of 12/1

**NONE OF THESE ARE CORRECT**

# BCR Population

When we are doing our review on your BCR population, and we find students that –

- (1) are matched on your 12/1 child count;
- (2) who had paid claims, and
- (3) are missing from your BCR;
- (4) you will have to start over

We are checking student claim information you have access to as well!

- We encourage you to use the paid claim data as a double check against your BCR population file. But it **IS NOT THE CORRECT SOURCE OF DATA** and should not be used to “build” the BCR population file.

# BCR Population

1. All year long - your staff are providing services
2. All year long - you know who your DMAS qualified providers are, and what students they are providing IEP services to
  - Some students are Medicaid recipients (with and without parental consent)
  - Some students are not enrolled with Medicaid
- By the end of the year all services have been delivered
- At some point (30 days later?) all delivered services have been documented. This service documentation may be
  - In practitioner's personal files
  - In a division's IEP service tracking system
  - In special education student files
  - Somewhere else? Think outside of the Medicaid program – if a parent asked for a report of all the times their child received a related service, where would you get that information?
- From this data source of all delivered IEP services, remove any services that do not meet all criteria to be considered “Medicaid-qualified” and this becomes Dataset **A.**

# BCR Population

- After completing your Child Count match, let's call the combined list of students from the auto-matched, manually matched and history matched finalized results file Dataset **B**.
- Then, compare the list of students who received a Medicaid-qualified service from Dataset **A** on the previous slide to the list of "active" Medicaid students from Child Count match **B**.
- All students that are in both datasets **A** and **B** make up your BCR Population.

# BCR Population

All students who received a Medicaid-qualified service during the year (A)	Matched students from the Child Count (B)	Include the student in the BCR population
✓ Apple, Amy	✓ Apple, Amy	✓ Apple, Amy
Banana, Barbara		
Carrot, Carla		
	Daffodil, Darryl	
✓ Eggplant, Emily	✓ Eggplant, Emily	✓ Eggplant, Emily
	French Fry, Fiona	
✓ Grape, Gigi	✓ Grape, Gigi	✓ Grape, Gigi
Hyacinth, Henry		
	Ice Cream, Isabelle	
✓ Juice, Judy	✓ Juice, Judy	✓ Juice, Judy



# Billing Compliance Review

12/1 Child Count



Medicaid/FAMIS/Expansion Students



BCR Population



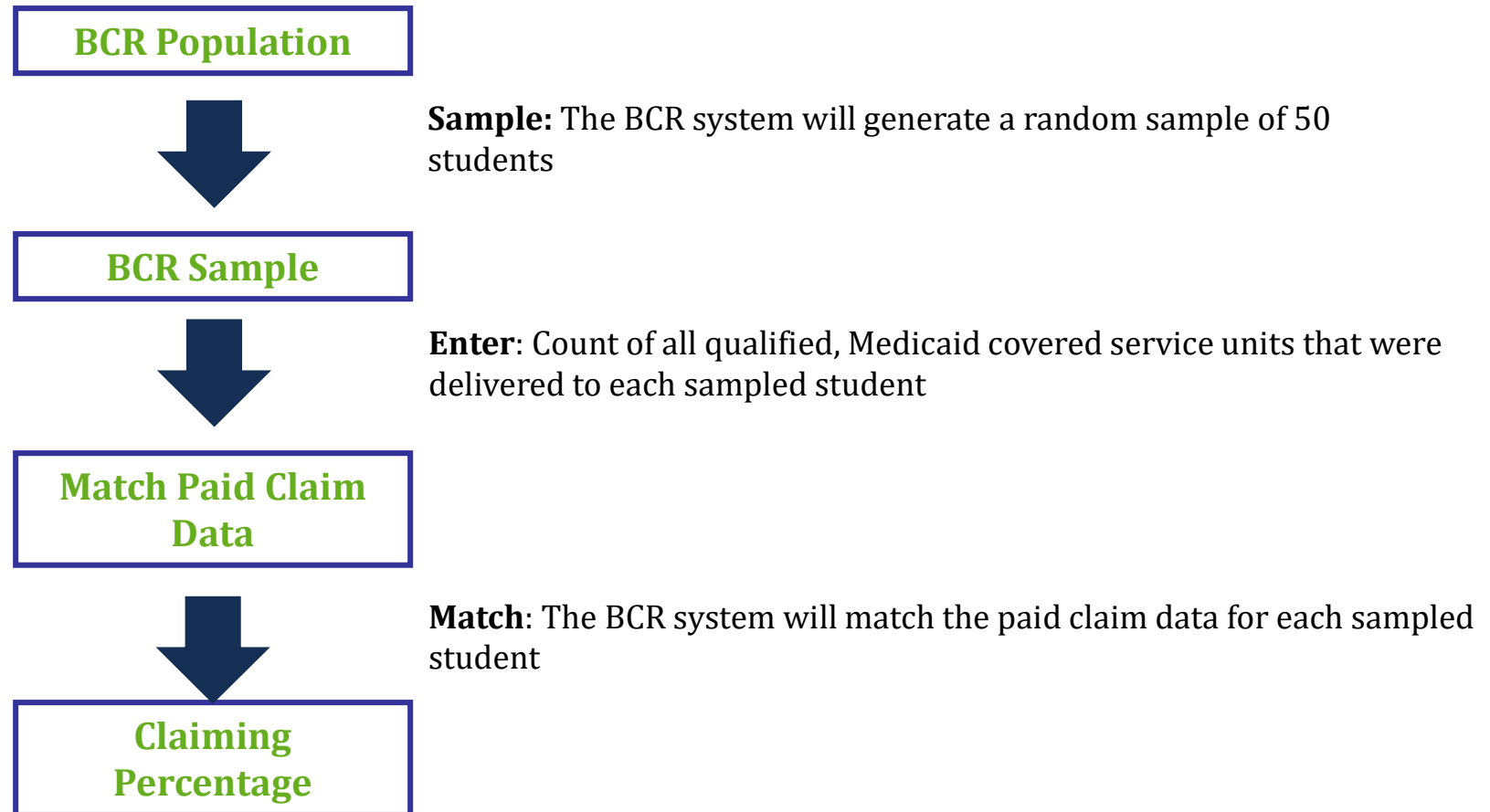
**Match:** Complete an eligibility match

**THIS IS NOT YOUR BCR POPULATION YET!**

**Identify:** Which students received at least one Medicaid qualified service during the year. *Only students who were in the 12/1 Child Count, had active Medicaid / FAMIS / Expansion coverage as of 12/1, **and** received at least one qualified service during the year are included in your BCR population.*

**Upload:** Use the UMass eligibility system to upload these students, then import them into the BCR (your “99” file)

# Billing Compliance Review



# BCR – 50 Student Random Sample

- School Divisions may elect to complete the Billing Compliance detailed review on ALL students in the BCR population.
- Otherwise, the BCR system will randomly select 50 students for a detailed review.
- The BCR detailed review compares the total number of delivered service “units” to the total number of paid service “units” in VAMMIS.
- School divisions do **not** need to report any data regarding interim claims – the UMMS system will automatically match each student up to their claim data (based on their Medicaid ID number).
- School divisions only need to focus on accurately reporting the total number of **delivered** service units for each student.

# BCR - Enter Delivered Services

A service counts as a “**Medicaid Qualified Delivered Service**” when:

1. Prescribed by the IEP (exclude services in excess of what is prescribed)
2. Provider was Medicaid qualified (and was supervised if required by their license level)
3. Costs for the provider are included in the cost report
4. Medicaid-covered service (including that it was medically necessary and required the skill level of the qualified practitioner)
5. Even without Parental Consent
6. Even if not billed
7. Even if billed claim was not paid (except for claims denied for Member not Eligible)
8. Do **not** use billing system data!
9. Do **not** use paid claim data!
10. If no other data is available that accurately tracks service delivery, then the IEP must be used and total number of services prescribed must be reported!

# BCR - Match to Paid Claim Data

The system will automatically match your delivered services data against DMAS paid claims data and display the preliminary results

- Review work before clicking final submit button
- Please check error page!
- DMAS Paid claims data is updated monthly
- Results are preliminary until March claim file is processed and matched in April, then results become final

# Claiming Percentage

## How does the Claiming Percentage impact the cost settlement?

1. The percentage of services delivered but not paid will reduce the cost settlement amount
2. It is the School Division's responsibility to submit an accurate BCR
3. If a vendor assists in completing the BCR, the School Division must review it for accuracy

$$\frac{\text{\# of services paid (from interim billing)}}{\text{\# of billable services delivered}}$$

$$\begin{array}{lcl} \text{\# of services paid} & & 2,000 \\ \text{\# of services delivered} & = & 2,500 = 0.8 = 80\% \end{array}$$

# Billing Compliance Review

## BCR Calculation:

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# BCR - Hints & Tips

## What services should be included in the Delivered Service Count?

1. Those services that would meet DMAS requirements but parental consent has not been obtained
2. Evaluations are considered a billable service when the result of the evaluation is to add services to the IEP and the evaluation is referenced in the IEP
3. Services measured in units, such as nursing, personal care, psych evaluations, are captured by unit not encounter
4. Denied claims must be resubmitted, if possible, or the percentage of denied claims will negatively impact the claiming percentage
5. Services provided by contracted providers, except parentally placed private school or services paid for with federal dollars should be counted also



# BCR - Hints & Tips

## What services are not to be included as Delivered?

1. The therapist is meeting with adults such as teachers, monitoring in the classroom, or providing a consult
2. There is a last agreed upon IEP where the therapist does not believe the continued therapy requires the skill level of a qualified therapist or the student has met all of their treatment goals
3. Parentally placed private school services
4. Provided by a DMAS non-qualified provider (intern, etc.)
5. Provided by a DMAS qualified provider paid for with federal funds
6. Missed sessions are not counted as delivered sessions
7. There are no costs claimed in the cost report for the provider
8. Delivered for a period when the student was ineligible for Medicaid
  - Example: the student is Medicaid eligible all year except December 2019. Any services provided in December would not be counted as delivered. Review your Remittance Advices for eligibility-related denials

# BCR - Hints & Tips

1. Beware of the “Cancel” button
2. 100 units maximum
3. Do not count services provided during gaps in eligibility as delivered (if the student’s Medicaid coverage was not active, the service is not Medicaid-qualified!)
4. Verify that the Medicaid ID is entered correctly – or the system won’t be able to match to the claim data correctly

\*Demonstration\*

# Monitor Claiming Activity

To maximize your division's Medicaid reimbursement, it is very important to monitor your billing activity and ensure that all Medicaid-qualified services are billed and **PAID** through VAMMIS.

DMAS offers all school divisions access to remittance vouchers and live claim inquiries on the DMAS portal.

<https://www.virginiamedicaid.dmas.virginia.gov/>

\*Screen shots to share\*

# Review Claims Feature

You have the ability to check your claims through the UMMS website!

- Data is updated monthly
- Paid and Denied claims available
- Use the system like an electronic remittance advice

\*Demonstration\*

# Cost Report Specific Timelines

- **Throughout the fiscal year (date of service 7/1 – 6/30)**
  - Track & bill Medicaid transportation services for cost report
  - Add/Remove/Edit Employees to participate in the Direct Service Pools on a quarterly basis
  - Track Contractor payments for Cost Report reimbursement
- **October 30<sup>th</sup> Each Fiscal Year**
  - Cost Reports open (UMMS sends an email alerting schools they can go in and enter their data)
- **November 30<sup>th</sup> Each Fiscal Year**
  - Cost Reports and BCR's are due to be submitted

# Cost Report/BCR Specific Timelines

- **December Each Fiscal Year**
  - UMMS starts reviewing Cost Reports and BCR's (may happen earlier depending on when if schools submit their cost reports before November 30th due date).

*Historically, 100% of school divisions have received follow-up review questions...it's okay!!*

- Schools must answer UMMS questions, make any necessary corrections, and re-submit the cost report and/or BCR

# Cost Report/BCR Specific Timelines

## ■ April Each Fiscal Year

- All Interim claims from the Cost Report fiscal year that have been adjudicated in VAMMIS by 3/31 are reconciled to the cost report
- UMMS does one final check of Cost Reports and BCRs with the final claim data
- Schools with approved cost reports & BCRs will receive an email from UMMS requesting a wet-ink, original cost report certification on school letterhead which must be received before payment can be released.

# Cost Report/BCR Specific Timelines

- **May & June Each Fiscal Year**
  - Once UMMS receives a wet-ink, original cost report certification on school letterhead, UMMS will submit the report to DMAS who draws down the federal revenue and disburses payments to school divisions.
  - UMMS will send out Notification of Public Reimbursement (NPR) letters to Superintendents, Business/Finance Managers & Cost Report Preparers.

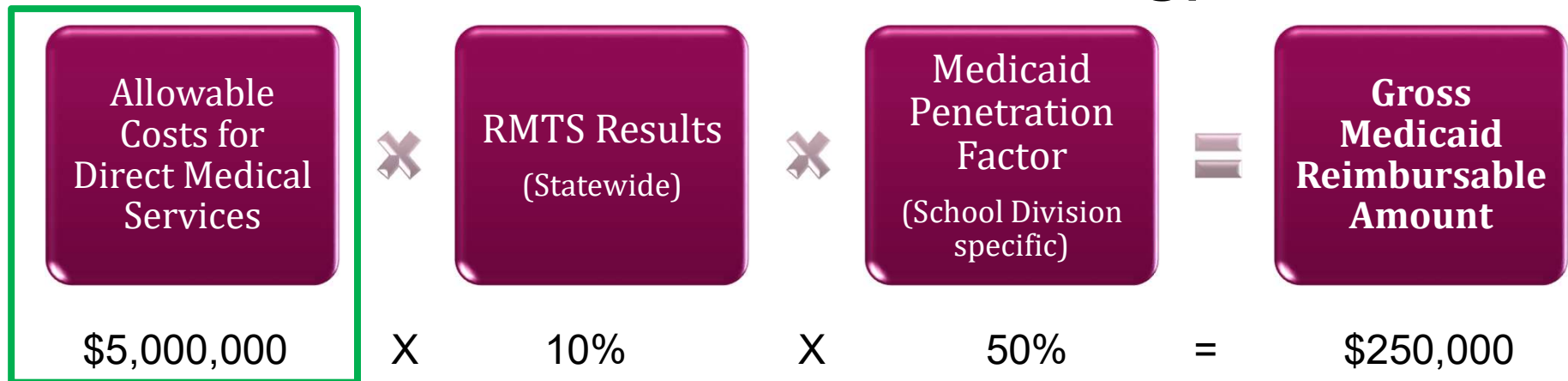


# Cost Report 101

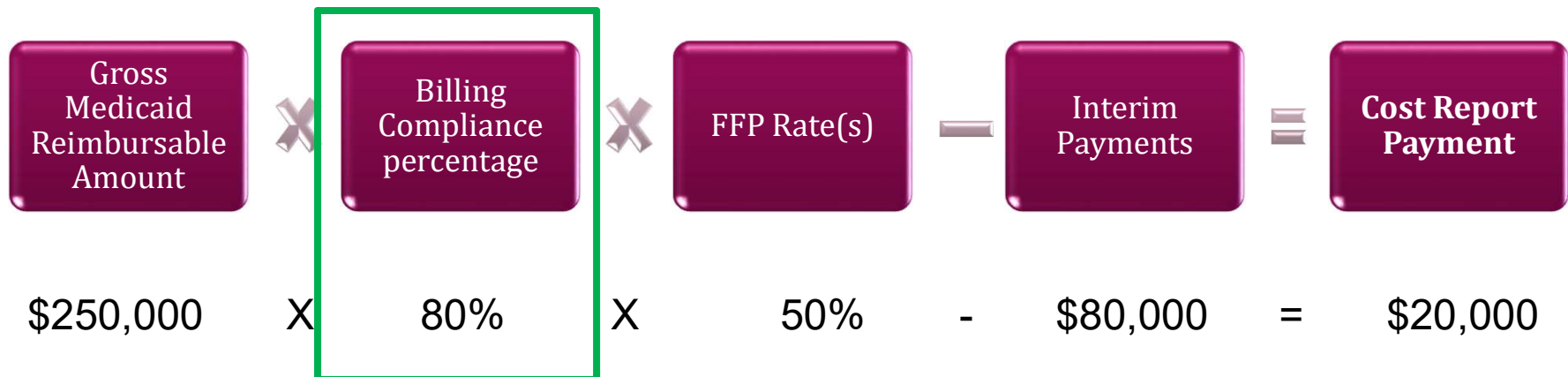
- **Reimbursable Expenditures:** What can you include in your cost report?
- **RMTS:** Who can you include in your cost report?
- **Medicaid Eligibility Percentage:** How does this affect your cost report and how do you get it?
- **Reimbursement:** How does everything tie together to get to your final settlement?

# Cost Report & BCR Overview

## Cost-Based Reimbursement Methodology:



## Cost Settlement:



# Medicaid Eligibility Percentage (MEP) from the 12/1 Child Count '88' finalized file

	AUTO MATCHED	MANUAL MATCHED	HISTORY MATCHED	POSSIBLE MATCH	REVIEW NEEDED	AUTO REJECTED	MANUALLY REJECTED	HISTORY REJECTED	Record Count
Medicaid	566	0	15	0	N/A	N/A	N/A	N/A	581
Expansion	61	0	2	0	N/A	N/A	N/A	N/A	63
FAMIS	24	0	2	0	N/A	N/A	N/A	N/A	26
<b>Total</b>	<b>651</b>	<b>0</b>	<b>19</b>	<b>0</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>670</b>

## Administrative Claim Data

Total Students	938
Total Eligible Students (Excluding F)	644
Medicaid Eligibility Rate:	68.66%

NO! Do not  
use Admin  
claim data  
for cost  
report!

## Cost Report Data (Q2 Only)

Total Medicaid Students	581
Total Expansion Students	63
Total FAMIS Students	26
Total Students	938
Medicaid Eligibility Rate:	71.43%

## Direct Medical Services - Eligibility Statistics

	NUMBER	PERCENTAGE
Total Special Education Students:	938	
Medicaid Special Education Students:	581	61.94 %
Medicaid Expansion Special Education Students:	63	6.72 %
FAMIS Special Education Students:	26	2.77 %

# Reimbursable Expenses

## Employees

Salary & employer paid fringe benefit costs of employees who:

1. Provided Medicaid-covered health-related services
2. Provided services that were authorized by an IEP
3. Meet all licensure qualifications – Staff which are unlicensed for any or all quarters throughout the year must be removed
4. Participated in the RMTS in the appropriate Direct Service Pool
5. At least some portion of their salary was paid from State/Local funds

**NOTE:** School divisions can only be reimbursed for the portion of the employee's salary & fringe benefit costs that were funded from State/Local funding sources and were not a required match for a federal grant

# Reimbursable Expenses

## Contractors

### Reimbursable Contracted Service Provider Costs

1. Contractors who perform Medicaid covered Direct Medical Services are not included in the RMTS
2. Contractor costs for direct medical service providers may be included in the Cost Report
3. Report the invoice amount paid for services provided during the reporting period as the 'salary' cost for each contractor
4. Contractor costs are reported by individual practitioner, not rolled up by agency. *(Hint: Plan ahead and gather this information regularly, as invoices are paid throughout the year, so you are ready to go at cost report time)*
5. Include license type and license number for direct medical services contractors

# Reimbursable Expenses Contractors & Billing

## Reimbursable Contracted Medicaid Billing Costs

1. If your division uses a billing agency/vendor/contractor, the costs for their work to do Medicaid Billing can be included in the cost report only if:
  - a. Only costs related to Medicaid Billing can be included (*i.e. costs related to the provision of IEP software or other educational work must be excluded*)
  - b. Costs may only be included if the contractor/agency/vendor is NOT paid on a contingency fee basis (*i.e. if you pay them a percentage of your claims/reimbursement, you cannot include this expenditure*).

# Reimbursable Expenses

## Non-Personnel Costs

### Materials & Supplies

1. The School Division may include the cost of supplies paid for with state and local dollars used by employees claimed in cost report.

(e.g., if claims were submitted to DMAS for nursing services, the cost of clinic supplies may be included)

**Note:** Service provider guidelines / handbook identifies supplies likely to be used by the different service providers in delivery of their services

### Travel Costs

1. Costs of travel can be included if paid for with state and local dollars used by employees claimed in cost report.

2. Mileage log must be available

3. Use the IRS mileage rate for the period

# Reimbursable Expenses

## Direct Service Capital Costs

1. Capital costs are only allowable if the item is used exclusively for the delivery of health care services
2. For any services for which claims are submitted and paid, the School Division includes the cost for any item with a purchase price over \$5,000; was purchased with state/local dollars; has a useful life of at least 2 years
3. Capital items included in each School Division's FY19 cost report which still have remaining useful life in FY20 will be pre-populated *(For all new items added in FY20, please upload invoice documenting acquisition cost to system)*
4. Straight line depreciation will be calculated by the system based on acquisition date, acquisition cost and useful life information supplied by the School Division



# Reporting Costs Accurately

**For all expenditures that are allowable in the cost report, these things are always true:**

- All costs are claimed in the period related to the service date of the costs (not cash-based accounting)
- All expenditures that were funded by a Federal Grant (including IDEA & CARES funding) must be excluded
- All expenditures that were a required match for a Federal Grant must be excluded
- All costs used to calculate the Indirect Cost Rate must be excluded. (Those costs are reimbursed through the application of the ICR to the cost report)
- Only expenditures funded from State/Local funding sources can be claimed

# Reporting Costs in the Correct Period

- All costs are claimed in the period relative to the service date of the costs (not cash-based accounting)
- Also, the Medicaid Program is a reimbursement program, which means that expenditures must have already been incurred (paid) to be claimed.
- Example:

Expense	Service Date/Period	Date Paid ("check date")	Claim Quarter
Staff Salary	9/13-9/24 (work days)	9/28	Q1 (7/1-9/30)
Supplies	9/20 (order received)	10/26	Q1 (7/1-9/30)
Health Insurance	October (coverage effective)	9/15	Q2 (10/1-12/31)

# Cost Report 101

## Direct Service & Admin Activities Claiming Calculation



## Annual Cost Report Calculation (Direct Service Only)



# Random Moment Time Study (RMTS)

- RMTS percentages are calculated quarterly and applied to each quarter in the cost report
- You are all in RMTS together!
  - Percentages are calculated state-wide so you want to help do your part to keep direct service RMTS percentages up and not 'water down' the direct service pools

**VIRGINIA'S MEDICAID PROGRAM**  
**DMAS**  
INNOVATION • QUALITY • VALUE

**DEPARTMENT OF MEDICAL ASSISTANCE SERVICES**

Welcome Zechariah Mitchell | Log Out | Virginia

Cost Report ▼ Billing Compliance ▼ Reporting

Personnel Annual Summary View

Demo County Public Schools | Original - 2018 |

Enter/Edit Data ▼ View Data ▼

Employee Type: Employee Cost Contractor Cost Total Personnel Cost

**Direct Medical Services Personnel Annual Summary**

Personnel Category	1st Quarter Allowable Personnel Cost	BCR%	IEP Direct Medical Service Personnel	2nd Quarter Allowable Personnel Cost	BCR%	IEP Direct Medical Service Personnel	3rd Quarter Allowable Personnel Cost	BCR%	IEP Direct Medical Service Personnel	4th Quarter Allowable Personnel Cost	BCR%	IEP Direct Medical Service Personnel	Total Allowable Personnel Cost	BCR%	Total Direct Medical Service
Job Category 2: Nursing, Psychology, Medical Evaluation, Personal Care, and Billing Personnel (%)		93.09%	24.67%		93.09%	23.96%		93.09%	22.86%		93.09%	26.99%			
Job Category 3: Speech, OT, PT and Audiology (%)		93.09%	75.82%		93.09%	76.76%		93.09%	75.33%		93.09%	75.29%			
Audiology	\$32,258.56	\$30,029.49	\$22,768.36	\$36,465.48	\$33,945.72	\$26,056.73	\$36,465.48	\$33,945.72	\$25,571.31	\$36,465.48	\$33,945.72	\$25,557.73	\$141,655.0	\$131,866.6	\$99,954.13
Billing Personnel	\$23,902.20	\$22,250.56	\$5,489.21	\$23,915.55	\$22,262.99	\$5,334.21	\$23,902.20	\$22,250.56	\$5,086.48	\$23,902.20	\$22,250.56	\$6,005.43	\$95,622.15	\$89,014.67	\$21,915.33

# Reimbursable Expenses

## Specialized Transportation

Notice that we didn't say "Special Ed" transportation, instead we said "Specialized" transportation. Not all special ed transportation meets Medicaid requirements.

Transportation is reimbursable when the following conditions are met:

1. Specialized transportation is specifically listed in the IEP
2. The student requires transportation on a bus that is ***specially equipped*** or adapted to serve the needs of the disabled
3. The student receives a Medicaid-covered service, for which the School Division has received payment, on the day that the specialized transportation is provided

# Reimbursable Expenses

## Specialized Transportation

### Trip Logs:

1. Trip Logs which document all trips by all students who ride specialized buses must be uploaded
  - Count all students' one way trips
    - Do not count only Medicaid students
    - Include all students riding the bus, special education or not
2. Trip logs will document each one way trip provided to each student

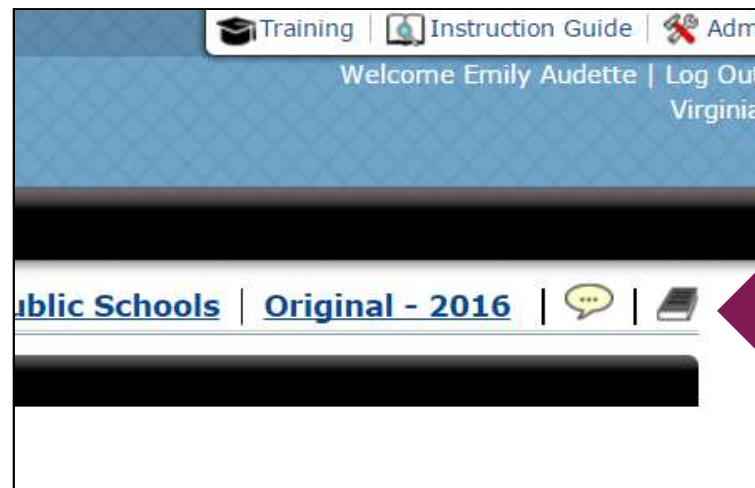
### Direct (Interim) Claims:

1. Direct claims must be submitted for all reimbursable transportation services
2. The more transportation interim claims paid, the higher your transportation percentage will be!

# Specialized Transportation Trip Statistics

Provide documentation of bus trip logs using the Special Education Transportation Trip "Recap" Log ***or equivalent***

Upload trip log 'Recap' worksheet here:



# Specialized Transportation Trip Statistics

- Bus logs should match the number you entered in the “School Division Information” page, under “Total Medicaid FAMIS And Other” count. Please upload trip logs to the UMass Cost Report website.

Special Education (Exclusive) IEP Bus Trips from Logs		
	NUMBER	FINAL PERCENTAGE AS OF 3/31/2019
Total Medicaid FAMIS And Other:	29437	
Medicaid:	2909	9.88 %
Medicaid Expansion:	29	0.10 %
FAMIS:	0	0.00 %

Entered by School Division

These numbers are populated automatically based on transportation claim data



# Specialized Transportation Trip Statistics

Example Trip Log 'Recap' Worksheet: – available for download on Cost Report/BCR website:

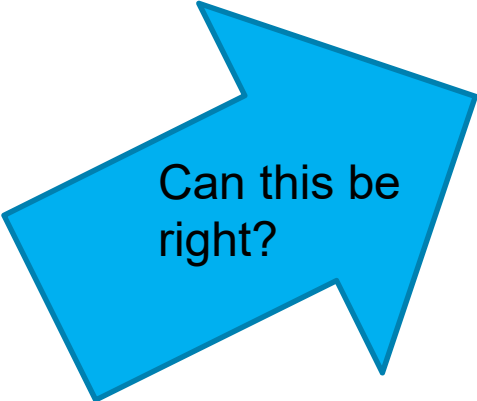
	Dates of Service from <u>08/31/2015</u> to <u>09/30/2015</u>		Dates of Service from <u>10/1/2015</u> to <u>10/31/2015</u>		Dates of Service from <u>11/1/2015</u> to <u>11/30/2015</u>		Dates of Service from <u>12/1/2015</u> to <u>12/31/2015</u>		Dates of Service from <u>01/01/2016</u> to <u>01/31/2016</u>	
88-Mayfield, Metz & Round	347	2	431	10	309	5	276	7	235	4
89-Dean Pre-Sch	137	72	125	31	92	27	79	27	69	29
89-Pace West	169	0	108	0	79	0	91	0	74	0
90-Dean & Metz	420	180	395	164	298	122	273	100	230	124
91-OHS & Dean	314	78	365	81	255	53	237	46	195	46
91-Mayfield	160	19	84	8	51	2	50	4	48	4
92-OHS & Round	473	238	479	255	327	176	299	159	275	143
93-Matthew's Ctr & Alt. Paths SPED	195	4	213	11	172	9	183	5	139	1
94-Metz & Round	403	157	448	179	296	116	284	115	229	125
94-Round	422	167	382	197	240	121	208	95	181	87
95-Mayfield & OHS	528	0	497	6	330	7	286	3	242	5
95-Weems	198	0	238	0	162	0	152	0	136	0
96-OHS & Baldwin	391	52	400	55	272	35	251	33	244	31
97-Pace West & Dean	252	22	259	21	167	15	141	13	115	12
98-Mayfield & OHS	395	8	344	8	229	10	225	10	183	12
98-Round	154	25	250	44	184	29	162	32	128	18
99-Pace East, Ind. Hill & Coles	161	0	145	0	113	0	99	0	68	0
Total Trips & Total Medicaid, ME, FAMIS Trips	6,895	1,400	6,926	1,527	4,886	1,062	4,535	1,036	3,807	984

# Specialized Transportation Trip Statistics

All one-way trips for all students riding the special education bus(es) are counted in the total trips number.

## Special Education (Exclusive) IEP Bus Trips from Logs

	NUMBER	FINAL PERCENTAGE AS OF 1/31/2018
Total Medicaid FAMIS And Other:	11500	
Medicaid:	11020	95.83%
Medicaid Expansion:	317	2.76%
FAMIS:	163	1.42%



Can this be  
right?

# Specialized Transportation Trip Statistics

**Check to see if the statistics reported make sense:**

Compare the number of trips for all students riding special education bus(es) (Medicaid and not, receiving a covered Medicaid service on the day of the trip or not), to the number of specially equipped buses reported.

<b>Trips</b>	<b>3322</b>
<b>Specialized Buses:</b>	<b>14</b>
<b>Trips/Buses Ratio:</b>	<b>237</b>
<b>180 school days * 2:</b>	<b>360</b>
<b>237/360:</b>	<b>0.65 (# of students per bus)</b>

# Specialized Transportation Trip Statistics

Check to see if the statistics reported make sense:

Or, checking the other way around, estimate the total number of trips like this and compare to what you've reported:

Specialized Buses	
Bus	# of riders
Bus 1	11
Bus 2	8
Bus 3	10
Bus 4	14
TOTAL	43

$180 \text{ school days} \times 2 = 360 \text{ annual trips per student}$

$43 \text{ students} \times 360 \text{ trips} = 15,480$

Is my total trip count in this ballpark?

# Transportation – Bus Counts

- Unless you have documentation of Medicaid trip logs, you should not include that bus in your specialized bus count, even if it is a 'spare' bus
- The trip logs should reconcile to the bus counts and capital counts
- If trip logs are captured by bus "route" instead of by physical bus, your trip logs should indicate somehow which 'spare' buses were used
- If you have a route on a specialized bus which doesn't have any billable services all year, do not count trips for that route.

## Bus Total

	NUMBER	PERCENTAGE
Total Buses Used:	78	
Specially Equipped Buses Used:	15	19.23 %
Regular Buses Used:	63	80.77 %

# Transportation Personnel Costs

1. Include costs for personnel, such as bus drivers and mechanics, who are directly involved in the driving and maintenance of specialized transportation buses
2. Exclude personnel engaged in supervisory activities or administrative support activities
3. Exclude bus 'aides'
4. For personnel that furnish both specialized and regular transportation services, include only costs for specialized transportation by choosing one of the following methods to report costs:
  - Identify and report only specialized transportation costs if costs are directly tracked; **or**
  - Allocate the costs by applying the ratio of specially equipped buses/total buses owned by the School Division

# Transportation Non-Personnel Costs

1. Include costs for Fuel, Repair & Maintenance, Insurance, Rentals and Use of Contract Vehicles
2. Only costs related to specialized transportation should be reported
  - Identify and report only specialized transportation costs if costs are directly tracked, **or**
  - Allocate the costs by applying the ratio of specially equipped buses/total buses owned by the School Division

# Transportation Allocation

Let's look at an example:

## Bus Counts Reported:

Regular:	40
Specialized:	6
Total	46

## Spec. Transportation Allocation Rate:

Spec. Buses	6	13.04%
Total Buses	46	

## Spec. Transportation Personnel Costs:

	<u>Salary</u>	<u>Benefits</u>	<u>Total</u>	<u>Alloc.</u>	<u>Allowable</u>
Driver 1	\$ 32,654	\$ 2,504	\$ 35,158	13.04%	\$ 4,584.60
Driver 2	\$ 28,995	\$ 1,895	\$ 30,890	13.04%	\$ 4,028.06
Driver 3	\$ 31,500	\$ 2,468	\$ 33,968	13.04%	\$ 4,429.43
Driver 4	\$ 31,500	\$ 2,468	\$ 33,968	13.04%	\$ 4,429.43
Driver 5	\$ 32,654	\$ 2,504	\$ 35,158	13.04%	\$ 4,584.60
Driver 6	\$ 38,221	\$ 850	\$ 39,071	13.04%	\$ 5,094.86
Driver 7	\$ 36,854	\$ 2,682	\$ 39,536	13.04%	\$ 5,155.49
			<b>\$ 247,749</b>		<b>\$ 32,306.47</b>



# Transportation Allocation

But, if the School Division can determine the portion of each driver's cost that is attributed to specialized transportation and submit that amount as directly allocated to spec. trans – “Y” then it might look like this:

## Spec. Transportation Personnel Costs:

		<u>Salary</u>	<u>Benefits</u>	<u>Total</u>	<u>Alloc.</u>	<u>Allowable</u>
Driver 1	75%	\$ 24,491	\$ 1,878	\$ 26,369	100.00%	\$ 26,368.50
Driver 2	50%	\$ 14,498	\$ 948	\$ 15,445	100.00%	\$ 15,445.00
Driver 3	100%	\$ 31,500	\$ 2,468	\$ 33,968	100.00%	\$ 33,968.00
Driver 4	67%	\$ 21,105	\$ 1,654	\$ 22,759	100.00%	\$ 22,758.56
Driver 5	88%	\$ 28,736	\$ 2,204	\$ 30,939	100.00%	\$ 30,939.04
Driver 6	82%	\$ 31,341	\$ 697	\$ 32,038	100.00%	\$ 32,038.22
Driver 7		\$ 36,854	\$ 2,682	\$ 39,536	13.04%	\$ 5,155.49
				\$ 201,053		\$ 166,672.81

Division calculates this & retains the back-up documentation

# Allocating Transportation Costs

Did you enter “Y” here when you meant “N”?

Employee Information	Annual Salary	Employer Retirement Contribution	Group Health	Dental - Employer	Medicare Tax Employer	FICA - Employer	Other Benefits	Total Salary and Benefits	State/Local %	IDEA %	Federal Funds %	Other Funding (Specify)	Other Funding %	State/Local Salary and Benefits	Directly Allocated to Specialized Transportation	Portion of Expenditure Allocated to Specialized Transportation 18.18 %
<a href="#">Driver, Bob (1144) Bus Driver</a>	\$1,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,000.00	100.00 %	0.00 %	0.00 %		0.00 %	\$1,000.00	Y	\$1,000.00
<a href="#">Driver, Dan (45214) Bus Driver</a>	\$25,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$25,000.00	100.00 %	0.00 %	0.00 %		0.00 %	\$25,000.00	N	\$4,545.00
<a href="#">Ham, Bone (34546464) Bus Driver</a>	\$10,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$10,000.00	100.00 %	0.00 %	0.00 %		0.00 %	\$10,000.00	N	\$1,818.00
<a href="#">Mechanic, Jonsey (4545) Mechanic</a>	\$1,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,000.00	100.00 %	0.00 %	0.00 %		0.00 %	\$1,000.00	N	\$181.80

How many Spec Ed buses did you enter? How many bus drivers? If you said they were all ‘Y’ directly allocated to Specialized transportation, how many drivers per bus are you claiming?



# Allocating Transportation Costs

Did you indicate costs need to be allocated where appropriate?

		Directly Allocated to Specialized Transportation?	Portion of Expenditure Attributed to Specialized Transportation
			18.18%
Fuel:	\$349,008.00	<input checked="" type="checkbox"/>	\$349008.00
Repair and Maintenance:	\$10,000.00	<input checked="" type="checkbox"/>	\$10000.00
Insurance:	\$146,821.00	<input type="checkbox"/>	\$26694.73
Rentals:		<input type="checkbox"/>	\$0.00
Contract Vehicle Use:		<input type="checkbox"/>	\$0.00

Divide the allowable costs by # of Specialized buses – does the amount make sense?

# Transportation Capital Costs

1. Include only the cost of items used exclusively for specialized transportation (including specialized buses)
2. Capital costs should be reported if the purchase price of the item is greater than \$5,000 and the useful life is at least two (2) years
3. Depreciation expense is not allowed after an asset is fully depreciated
4. Capital items included in each School Division's FY19 cost report which still have remaining useful life in FY20 will be pre-populated
5. Straight line depreciation will be calculated by the system based on acquisition date, acquisition cost and useful life information supplied by the School Division


# Transportation Tips

1. Check the number of buses you are claiming in your School Division Information page
2. Check the number of buses you have on your Transportation Bus Log documentation
3. Check the number of buses you are claiming in your capital section

## Do they all match?

- ☐ Buses claimed (#1 above), and buses in transportation logs (# 2 above) must match.
- ☐ You cannot claim more buses in your capital section (# 3 above) than you are claiming in the other sections
- ☐ You can claim less buses in your capital section than the other sections because some buses may not have any depreciated cost left, but are still in use

# Reimbursement



**DEPARTMENT OF  
MEDICAL ASSISTANCE SERVICES**

Cost Report ▾ Billing Compliance ▾ Reporting

[Resources](#) | [Admin](#)

Welcome Zechariah Mitchell | [Log Out](#)  
Virginia

## Reconciliation View

Demo County Public Schools | Original - 2018 | [...](#) 

Enter/Edit Data ▾ View Data ▾

### Direct Medical Services Reconciliation

Medicaid Program	Personnel Cost	Non-Personnel Cost	Total Cost	Federal %	FFP	School Share of FFP	Interim Payments for the Year	Due School Division(DMAS)	DMAS Share of FFP
Medicaid	\$2,510,697.16	\$113,515.24	\$2,624,212.40	50.00%	\$1,312,106.20	\$1,246,500.89	\$587,177.20	\$659,323.69	<b>\$65,605.31</b>
Medicaid Expansion	\$654,460.07	\$29,589.86	\$684,049.93	88.00%	\$601,963.94	\$571,865.74	\$55,682.23	\$516,183.51	<b>\$30,098.20</b>
FAMIS	\$292,766.78	\$13,236.76	\$306,003.54	88.00%	\$269,283.12	\$255,818.96	\$75,743.19	\$180,075.77	<b>\$13,464.16</b>
<b>Total</b>	<b>\$3,457,924.01</b>	<b>\$156,341.86</b>	<b>\$3,614,265.87</b>		<b>\$2,183,353.26</b>	<b>\$2,074,185.59</b>	<b>\$718,602.62</b>	<b>\$1,355,582.97</b>	<b>\$109,167.67</b>

### Transportation Reconciliation

Medicaid Program	Personnel Cost	Non-Personnel Cost	Total Cost	Federal %	FFP	School Share of FFP	Interim Payments for the Year	Due School Division (DMAS)	DMAS Share of FFP
Medicaid	\$245,578.34	\$74,818.00	\$320,396.34	50.00%	\$160,198.17	\$152,188.26	\$11,882.50	\$140,305.76	<b>\$8,009.91</b>
Medicaid Expansion	\$4,001.69	\$1,219.16	\$5,220.85	88.00%	\$4,594.35	\$4,364.63	\$236.60	\$4,128.03	<b>\$229.72</b>
FAMIS	\$22,535.94	\$6,865.80	\$29,401.74	88.00%	\$25,873.53	\$24,579.85	\$1,410.50	\$23,169.35	<b>\$1,293.68</b>
<b>Total</b>	<b>\$272,115.97</b>	<b>\$82,902.96</b>	<b>\$355,018.93</b>		<b>\$190,666.05</b>	<b>\$181,132.74</b>	<b>\$13,529.60</b>	<b>\$167,603.14</b>	<b>\$9,533.31</b>

# Certification of Public Expenditure

1. Certification of Public Expenditure (CPE) letters are emailed to each School Division in **early April**, after the final interim claim data is applied and the final settlement calculated
2. Print on School Division letterhead. A wet-ink signature is required by the superintendent or designee authorized to act in their behalf to certify the school division's allowable state/local expenditures for which federal Medicaid matching funds are being claimed
3. Mail hard copy, wet-ink original to UMass
4. Cost Report settlements will be submitted to DMAS for final review and payment in the order in which the certification letters are received by UMass

# Demonstration of the Cost Report System Screens

1. School Division information and Medicaid eligibility statistics
2. Review employee costs that have been pre-populated from Administrative Claim data
3. Edit and add employee costs
4. Add contractor costs
5. Add capital costs
6. Add Non-Personnel costs
7. Add transportation costs
8. Personnel Summary View Screens
9. Reconciliation



# Resources

## **UMass Center for Health Care Financing Solutions**

333 South Street, Shrewsbury, MA 01545

800-535-6741

[VACostReport@umassmed.edu](mailto:VACostReport@umassmed.edu)

**Emily Hall** or **Zach Mitchell**

508-421-5855

508-856-7640

[Emily.Hall@umassmed.edu](mailto:Emily.Hall@umassmed.edu)

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